

STATE PROTECTION FROM ABUSE FUND GRANT
APPLICATION KIT

OFFICE OF ATTORNEY GENERAL PHILL KLINE
120 SW 10TH AVENUE, 2ND FLOOR
TOPEKA, KANSAS 66612-1597
(785) 291-3690
(800) 828-9745

SIX APPLICATIONS (ONE ORIGINAL AND FIVE COPIES)
SHOULD BE FORWARDED TO THE OFFICE OF THE ATTORNEY GENERAL
BY

JUNE 3, 2005

APPLICATIONS NOT POSTMARKED BY THIS DATE WILL NOT BE ACCEPTED

PLEASE DO NOT CALL CONCERNING THE STATUS OF THE APPLICATION.
YOU WILL BE NOTIFIED IN WRITING.

GUIDELINES

**STATE PROTECTION FROM ABUSE FUND
POLICY GUIDELINES
K.S.A. 74-7325 et seq.**

There is hereby created in the state treasury the State Protection From Abuse Fund (PFA). All moneys credited to the fund shall be used solely for the purpose of making grants to programs providing:

1. Temporary emergency shelter for adult victims of domestic violence or sexual assault and their dependent children;
2. Counseling and assistance to those victims and their children; or
3. Educational services directed at reducing the incidence of domestic violence or sexual assault and diminishing its impact on victims.

All moneys credited to the fund pursuant to K.S.A. 20-367, and amendments thereto, shall be used only for ongoing operating expenses of such programs.

Grants made to programs shall be based on the numbers of persons served by the program and shall be made to agencies which are engaged, as their primary function, in programs aimed at preventing domestic violence or sexual assault or providing residential services or facilities to family or household members who are victims of domestic violence or sexual assault. In order for programs to qualify for funding under this section, they must:

1. Meet the requirements of section 501(c) of the internal revenue code of 1986;
2. Be registered and in good standing as a not for profit corporation;
3. Meet normally accepted standards for not for profit organizations;
4. Have trustees who represent the racial, ethnic and socioeconomic diversity of the county or counties served;
5. Have received 50 percent or more of their funds from sources other than funds distributed through this fund. Other sources may be public or private and may include contributions of goods or services, including materials, commodities, transportation, office space or other types of facilities or personal services;
6. Demonstrate ability to successfully administer programs;
7. Make available an independent certified audit of the previous year's financial records;
8. Have obtained appropriate licensing or certification, or both;
9. Serve a significant number of residents of the county or counties served;
10. Not unnecessarily duplicate services already adequately provided to county residents; and
11. Agree to comply with reporting requirements.

As used in this section, "domestic violence" means abuse as defined by the Protection From Abuse Act (K.S.A. 60-3101 et seq., and amendments thereto). "Sexual assault" means acts defined in Article 35 of Chapter 21 of the Kansas Statutes Annotated, and amendments thereto.

APPLICATION DEADLINE

Each grant proposal shall be submitted to the Attorney General's Office postmarked no later than **June 3, 2005**.

LIMITATIONS OF FUND USE

- (a) These grant funds shall not supplant other federal, state or local funds that would otherwise be available for victims of domestic violence and their dependent children.
- (b) Equipment and hardware are unallowable unless necessary and essential to providing services for victims of domestic violence and their dependent children.
- (c) Construction or land acquisition are unallowable costs which includes mortgage payments.
- (d) The use of grant project funds is prohibited for grant projects which offer a low probability of improving services to victims of crime as determined by fiscal and program audits.
- (e) Indirect costs are unallowable.
- (f) Because of such limited funding, membership dues or fees will not be allowed.

GRANT PROJECT PERIOD

Each grant project funded under this grant fund shall be for a period of **12 months** from **July 1, 2005 to June 30, 2006**. Any funds not expended by June 30, 2006 must be returned to the Office of the Attorney General.

REPORTING REQUIREMENTS

The following reports are required if funding under the State Protection From Abuse grant is received:

- (a) The quarterly expenditure report, Financial Status Report Form, provides fiscal information on expenditures during a three-month period.
- (b) The quarterly grant project statistical report provides a summary of domestic violence and sexual assault victims served agency-wide and services provided, and is to be submitted 25 days following the end of each quarter.
- (c) Grant project monitoring and on-site visits will be conducted by the Attorney General's staff.

Copies of receipts must be maintained at the local level for a period of five years past the close of the grant project period.

Each applicant shall be notified in writing of the grant award decision.

INSTRUCTIONS

ATTENTION

Please read the following before completing and submitting the STATE PROTECTION FROM ABUSE FUND grant application.

Applications submitted under the State Protection From Abuse Fund grant program will receive a preliminary review upon receipt by the Attorney General's Office.

Due to the competitive nature of the grant award process, applications that are incomplete or not submitted correctly will be returned to the applicant and will not be considered for a grant award by the Attorney General's Grant Review Committee.

If the application is returned to the applicant as incomplete prior to the postmark deadline, the applicant may choose to resubmit a complete application. However, NO resubmissions are allowed after the postmark deadline.

An incomplete application means the following:

- ▶ Application is missing information;
- ▶ Incorrect forms were used;
- ▶ Application is not in the correct order; or
- ▶ Not submitting the correct number of copies.

*** * * GENERAL INSTRUCTIONS * * ***

Submit the application narrative in Times New Roman 12 point font size or larger. Use the attached forms where applicable. Keep the information as brief as possible and explanatory statements clear and concise. Staple applications in the upper left-hand corner and number all pages in the bottom right-hand corner. The first three pages have been numbered. Do not submit any items not specified in the Summary of Contents, (i.e. pictures, news articles, letters of support), other than those requested. Do not include covers, appendices, fancy bindings, artwork, brochures, etc.

#1 GENERAL INFORMATION FORM

Directions: See attachment.

#2 SUMMARY OF CONTENTS FORM

Directions: See attachment.

#3 PRIOR ACCOMPLISHMENTS

Directions: Please share specific agency accomplishments over the previous 12-month period. Include the number of victims served by the agency. Describe any evaluations conducted and explain the results. If funded last year, describe evidence of the success of the grant project and share progress on meeting goals and objectives.

#4 PROPOSED GRANT PROJECT GOAL(S)

Directions: **Please submit no more than three overall goals for the agency.**

#5 PROPOSED GRANT PROJECT OBJECTIVES

Directions: List the objectives to be accomplished in order to reach each goal listed. Objectives should be expressed in terms of alleviating the problem identified through the needs assessment and of reaching the proposed grant project goal(s). A timetable to complete each objective should be included in this section. Objectives should be specific, measurable, realistic, and consistent with the goals of the grant project, and cover a single event or outcome. Include the activities used to meet each objective.

Follow the format below when writing the grant project goals and objectives. An example of outcome (impact) objectives and process (activity) are included.

Example:

Goal I: Teen drug involvement in Springfield will decrease.

Objective	Activities	Person Responsible	Time Frame
1. Three drug elimination specialists will be hired. (Process)	1. Job notices will be posted. Interviews will be conducted.	1. Program Director	1. July 1, 2005 - August 1, 2006
2. Drug use among junior high students will decrease by 5% as measured by 2002 KCC survey results. (Outcome)	2. Drug curriculum will be implemented. Classes will participate 2 times a week.	2. Drug elimination specialists	2. August 1, 2005 - June 30, 2006
3. The junior high students will participate in the peer mediation program. (Process)	3. (1) Students will vote for peer mediators. (2) Mediation program will meet once a week.	3. Drug elimination specialists Drug elimination specialists and peer mediators	3. (1) By September 30, 2005 (2) October 1, 2005- June 30, 2006; Progress will be monitored monthly.

#6 PROPOSED GRANT PROJECT MONITORING AND EVALUATION

Directions: Describe the procedure for monitoring the proposed grant project. Who will track the proposed grant project throughout the grant project period, what data will be collected, and how will the information that is monitored be used to encourage success of the proposed grant project? Describe the criteria that will be used to evaluate the effectiveness and quality of services provided through the proposed grant project. The evaluation should be designed to provide an objective assessment of the effectiveness or input of the proposed grant project. Specify the procedures to be used and how the information/data collected will be used to improve the proposed grant project. At a minimum, explain how the proposed objectives will be measured and how it will be determined whether the grant project is effectively and efficiently reaching the proposed goal(s) and objectives.

#7 PROPOSED GRANT PROJECT COORDINATION

Directions: State how the proposed grant project will coordinate with existing services and resources for the population to be served. What community outreach strategies will the proposed grant project employ? How will the proposed grant project cooperate with other agencies, for example: law enforcement, mental health centers, schools, regional prevention centers, prosecuting attorneys' offices, linkages with governmental or private agencies, etc.? Please list the name of the contact person for each agency with whom the proposed grant project will coordinate in providing services or making referrals.

#8

UNDERSERVED POPULATIONS

Directions: Define the underserved population identified in the applicant's community. Provide the applicant's plan to reach and provide services to the underserved populations including those underserved because of ethnic, racial, or cultural background; language diversity; differently-abled; or geographic isolation, etc.

#9 DISSEMINATION OF CRIME VICTIMS' RIGHTS INFORMATION

Directions: Describe written procedures for assisting victims of domestic violence and sexual assault in seeking available crime victims' compensation benefits, and informing domestic violence and sexual assault victims of their rights as provided by law.

#10 STATEMENT OF NON-DUPPLICATION OF PROPOSED GRANT PROJECT

Directions: The applicant should describe that the proposed grant project is not already adequately provided to residents in the community.

#11 MAKE-UP OF TRUSTEES, BOARD OF DIRECTORS OR ADVISORY BOARD

Directions: Submit a list and the make-up of current Trustees, Board of Directors, or Advisory Board who represent the racial, ethnic, and socioeconomic diversity of the county or counties served. State percentages of the demographic information clearly and compare with the demographic profile of the county population.

#12 CIVIL RIGHTS CONTACT INFORMATION

Directions: Applicants must include the name, address, and telephone number of a civil rights contact person who has lead responsibility in ensuring that all applicable civil rights requirements are met, and who acts as liaison in civil rights matters.

#13 BUDGET SUMMARY FORM

Directions: Complete the attached Budget Summary Form as accurately as possible. The request should be reasonable to reach the proposed goal(s) and objectives. When listing Personnel positions, **circle after each position whether it is a new position (N) or an existing position (E) to the agency. Each position has only one title.** Use only the official title on the Budget Summary Form and in the Budget Narrative. Please state any new job duties or functions in the Budget Narrative.

BUDGET NARRATIVE

Directions: Describe in detail each item listed in the Budget Summary Form. Please state any new job duties or functions of personnel listed. **Show all calculations used to arrive at each line item request.** For example, for items such as personnel, show the annual salary rate and the percentage of time devoted to each personnel position to be paid for with these funds. For fringe benefits, show the specific rate being applied, etc.

Follow the format below when writing each budget category in the budget narrative. An example is provided.

Example:

Name/Position or Item with Description	Purpose	Location, if applicable	Computation	Request
Personnel: Project Director (N)	To implement proposed objectives		\$12.00 per hour x 2080 hours	\$ 24,960
Fringe Benefits: FICA			24,960 x 7.65%	\$ 1,909
Travel:*				
Conferences/ Workshops	Drug Prevention Training	Kansas City, KS	200 miles x .325 \$95 x 2 nights lodging; meals at \$30/day x 2 days	\$ 65 190 60 \$ 315
Equipment:** 1 ABC computer with 17" monitor	For use by the project director	USD 123 school building	computer \$900 monitor \$400	\$ 1,300

*Please note that for purposes of this application and grant program, PFA grant funds will not be used to reimburse mileage expenses in excess of \$.325 per mile or the applicant's approved policy rate, whichever is lower. If the applicant chooses to reimburse at a rate in excess of this amount, per their agency policy, the applicant should be aware that no grant funds administered by the Kansas Attorney General's Office can be used to make up the difference.

**Please note that for purposes of this application and grant program, equipment is defined as assets with a useful life of one year or more and a cost of \$100 or more.

Because of such limited funding, no membership dues or fees are allowed.

#15

CURRENT FISCAL YEAR AGENCY BUDGET

Directions: Submit the applicant's current fiscal year budget, including balanced income **and** expenses. List all staff positions separately with their respective salaries. If the applicant is under the umbrella of a larger entity, submit the budget developed for the applying program. Agency income should list all sources of financial support (i.e. foundations, government agencies, fund-raising events, individual contributions, etc.). For each income source, state the amount and its status (received, requested, committed, or projected). If the income is requested or projected, state the date the agency expects to be notified of the funding decision or the date the agency anticipates to collect the income. Be sure to include the appropriate pro-rated portion of this grant application request as budgeted income with a "requested" status. Also, be sure that all line items being requested in this application can be found in the agency's budget for expenses.

Example:

SOURCE:	AMOUNT:	STATUS:	DATE:
City of Topeka	\$10,000	Projected	7/05
United Way	5,000	Received	5/05
Walk-A-Thon	500	Collected	2/05
PFA-AG	<u>20,000</u>	Requested	6/05
Total Agency Income	\$35,500		

#16

NEXT FISCAL YEAR AGENCY BUDGET

Directions: Submit the applicant's next fiscal year budget, including balanced income **and** expenses. List all staff positions separately with their respective salaries. If the applicant is under the umbrella of a larger entity, submit the budget developed for the applying program. Agency income should list all sources of financial support (i.e. foundations, governmental agencies, fund-raising events, individual contributions, etc.). For each income source, state the amount and its status (received, requested, committed, or projected). If the income is requested or projected, state the date the agency expects to be notified of the funding decision or the date the agency anticipates to collect the income. Be sure to include this grant application request as budgeted income with a "requested" status. Also, be sure that all line items being requested in this application can be found in the agency's budget for expenses. Follow the same example as above.

#17

ORGANIZATIONAL CHART

Directions: Attach a current Organizational Chart of the agency.

#18 CURRENT COVER SHEET OF LIABILITY AND CASUALTY INSURANCE POLICY

Directions: Submit a current copy of a cover sheet of the agency's liability and casualty insurance policy(ies).

#19

SECRETARY OF STATE REGISTRATION

Directions: If the applicant is a not for profit, submit a **current** (less than one year old) copy of the agency's Certificate of Good Standing with the Kansas Secretary of State's Office, (785) 296-4564.

#20

ASSURANCE OF CONFIDENTIALITY

Directions: Submit a copy of the policy and procedures developed and implemented by the agency to assure confidentiality of the address or location of any shelter-facility except with written authorization of the person or persons responsible for the operation of such shelter and confidentiality of records pertaining to any victim who receives services from the agency.

#21

CURRENT AUDIT REPORT

Directions: **If the applicant is a not for profit, include one copy of a current audit report and provide information on local audit procedures.** Include with the audit the Auditor's Letter to Management if applicable. If there are any findings stated in the audit report or in the Letter to Management, also include a written explanation stating how the findings were, or will be, resolved by the applicant. **If the Attorney General's Office has previously received a copy of the not for profit's most current audit report, please state so in the application and include information on what period was covered, who did the audit, and when it was done.**

ATTACHMENTS

STATE PROTECTION FROM ABUSE FUND
FISCAL YEAR 2006

GENERAL INFORMATION FORM

This page should be completed last, after the rest of the application is ready to be submitted.

1. Proposed Grant Project Name

2. Agency Name _____
Address _____

City _____ Zip _____
County _____

3. Primary Contact for Proposed Grant Project

Telephone (____) _____ Fax (____) _____
E-Mail Address _____

4. Fiscal Officer

Telephone(____) _____ Fax (____) _____

5. Federal Identification Number

6. Funding Period: FROM July 1, 2005 TO June 30, 2006

7. County(ies) in which proposed grant project will operate

8. Brief description of proposed grant project

9. Number of years domestic violence program has been in operation

10. Number of years sexual assault program has been in operation

11. Number of domestic violence victims served by agency in the last 12 months

12. Number of sexual assault victims serviced by agency in the last 12 months

13. Number of domestic violence victims sheltered by agency in the last 12 months

14. Number of sexual assault victims sheltered by agency in the last 12 months

15. Projected number of domestic violence victims to be served with these grant project funds for FY 2006 (this number should include shelter, face to face, and groups)

16. Projected number of sexual assault victims to be served with these grant project funds for FY 2006

17. If awarded, these funds will:

_____ Create a new grant project or service activity **OR**

_____ Enhance or expand an ongoing grant project or service activity **OR**

_____ Enhance or expand an ongoing grant project or service activity not previously funded by PFA **OR**

_____ Continue existing grant project currently funded with PFA funds

18. Total Agency Budget for Current Fiscal Year

Total Agency Budget for Next Fiscal Year

19. State Protection from Abuse Fund Grant Request (Dollar Amount) for one-year period: _____

SUMMARY OF CONTENTS

Before beginning any work on the grant application, please read all the information thoroughly. As you complete the grant application, please use this check-list as a guide. Complete and sign this page, and turn it in with the grant application as page 3. When submitting the grant application, please put together the requested information in the following order. Please check "Yes" if the information is enclosed with the grant application.

	YES	NON/A	AG Use Only
1. General Information Form (Attached Form, pg 1-2)	_____	_____	_____
2. Summary of Contents (Attached Form, pg 3)	_____	_____	_____
3. Prior Accomplishments	_____	_____	_____
4. Proposed Grant Project Goal(s)	_____	_____	_____
5. Proposed Grant Project Objectives	_____	_____	_____
6. Proposed Grant Project Monitoring and Evaluation	_____	_____	_____
7. Proposed Grant Project Coordination	_____	_____	_____
8. Underserved Populations	_____	_____	_____
9. Dissemination of Crime Victims' Rights Information	_____	_____	_____
10. Statement of Non-Duplication of Proposed Grant Project	_____	_____	_____
11. Make-Up of Trustees, Board of Directors or Advisory Board	_____	_____	_____
12. Civil Rights Contact Information	_____	_____	_____
13. Budget Summary Form (Attached Form)	_____	_____	_____
14. Budget Narrative	_____	_____	_____
15. Current Fiscal Year Agency Budget	_____	_____	_____
16. Next Fiscal Year Agency Budget	_____	_____	_____
17. Organizational Chart	_____	_____	_____
18. Current Cover Sheet of Liability and Casualty Insurance Policy	_____	_____	_____
19. Copy of Current Certificate of Good Standing with Kansas Secretary of State, (785) 296-4564, if not for profit	_____	_____	_____
20. Assurance of Confidentiality	_____	_____	_____
21. a) Copy of Current Audit Report if not for profit;	_____	_____	_____
b) Copy of auditor's letter to management.	_____	_____	_____
c) Copy of applicant's response to auditor's letter to management.	_____	_____	_____
22. All the information is in the correct order as listed.	_____	_____	_____
23. There is one original plus five copies of the grant application and one copy of the current Audit Report.	_____	_____	_____

If the application is submitted incomplete, it will be returned immediately and will not be reviewed.

SIGNATURE OF PERSON COMPLETING APPLICATION